

AMUSEMENT DEVICE UNIT

220 FRENCH LANDING DRIVE Nashville, TN 37243 (844) 224-5818

APPLICATION FOR PERMIT WITH ITINERARY

Owner:					
Name of Amuseme	nt Device Company:				
Mailing Address:					
City:	State: Zip Code:				
Contact:	Cell Number:				
Email Address:					
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-	ld city and check here if these are r ld city and check here if these devi				
(example: theme park)	•				
Carnival, Fair or Activity Sponsor (ie; Tennessee State Fair, etc.)	Site Location (Address/City) (Applies to traveling carnivals, fairs, etc.)	Phone Number	From Date:	To Date:	

CERTIFICATE OF LIABILITY INSURANCE MUST ACCOMPANY THIS FORM

LB-1158 Rev. 3/27/17

□ Check if additional pages are attached

Page___of___Pages

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